



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING  
Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

July 1, 2010

Francis Cheney, Administrator  
Maple Lane Nursing Home  
60 Maple Lane  
Barton, VT 05822

Provider #: 475042

Dear Mr. Cheney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 7, 2010**. Please post this document in a prominent place in your facility.

We will follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Suzanne Leavitt, RN, MS  
Assistant Director

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 06/17/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 06/07/2010
NAME OF PROVIDER OR SUPPLIER  MAPLE LANE NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 60 MAPLE LANE BARTON, VT 05822	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 000	INITIAL COMMENTS	F 000	
F 441 SS=E	An unannounced onsite complaint investigation was completed on 6/7/10 by the Division of Licensing and Protection. 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.  (c) Linens Personnel must handle, store, process and	F 441	Please See attached Plan of Correction

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 441	<p>Continued From page 1</p> <p>transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure policies and procedures are in place to prevent the transmission of disease and infection. Findings include:</p> <p>Per interview during the afternoon on 6/7/10, the Infection Control nurse confirmed that there is no policy and procedure in place regarding use of the blood glucose monitoring device or procedures for cleaning in between residents. Per observations of blood glucose testing during the late morning of 6/7/10, there are at least 4 residents that utilize the same blood glucose testing device.</p>	F 441			

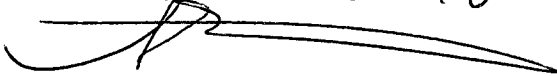
Maple Lane  
Plan of Correction  
Survey Completed  
6/7/10

**F441 Infection Control**

- 1) All residents of the facility have the potential to be affected by this deficient practice. For those residents that were affected at this time and/or have the potential to be affected in the future our DN Service has counseled all of our Nurses regarding proper protocols relating to the use and sanitizing of Blood Glucose Monitoring Devices, when such devices are utilized for more than one resident.
- 2) In order to ensure that the deficient practice does not reoccur we will accomplish the following:
  - 1) Establish a formal written policy and procedure relating to the use and cleaning procedures of Blood Glucose Monitoring Devices. (Attached)
  - 2) Our Director of Nursing Services will conduct in-services for all of our Nurses on 6/30/10 and 7/1/10 to ensure proper understanding of the above mentioned policy and procedure.
- 3) Our Quality Assurance Program will monitor the effectiveness of our corrective action. Our Infection Control Coordinator will conduct "Treatment Audits" of our Nurses. This surveillance will be designed to verify the use of appropriate technique relates to the use of Blood Glucose Monitoring Devices. These QA reviews will be completed on a weekly basis for four weeks. Findings will be reported to our QA Committee.

Rhonda Smith, DNS is responsible for the correction of this deficiency.

Completion Date: 07/02/2010

*POC complete 7/1-10*  


*Frances Chen* 6/29/10

**Maple Lane Nursing Home Policy & Procedure**  
**Using Blood Glucose Monitor**

**Procedure:**

- 1) Gather supplies – Blood Glucose Kit behind Nurses Station.
- 2) Assure kit is stocked: Lancets, Blood Glucose Monitor, Sharps Container, Test Strips, Gloves, Alcohol Wipes, 2x2/Gauze, Band-aids, Super-Sani Germicide Wipes, and Hand Sanitizer.
- 3) Verify resident: verify order for procedure.
- 4) Verify resident is not on precautions and/or care planned for dedicated medical equipment in special circumstances residents may be care planned for dedicated medical equipment by DON, UC or Infection Control Nurse.
- 5) Set-up on clean surface to perform procedure.
- 6) Wash hands, inform resident about procedure, don gloves wipe Glucose Monitor with Super-Sani Germicidal Wipes (per manufactures guideline) then insert test strip.
- 7) Select finger to obtain specimen from – clean finger with alcohol wipe allow time to dry then use lancet to obtain specimen/drop of blood.
- 8) Dispose of lancet in Sharps Container.
- 9) Apply drop of blood to test strip.
- 10) Take 2x2/gauze and apply to finger for 30 seconds then apply band-aid.
- 11) Record results on BS flow sheet.
- 12) Remove test strip, dispose of in Sharps Container.
- 13) Remove gloves, dispose in garbage.
- 14) Use hand sanitizer then don new gloves
- 15) Wipe down the Blood Glucose Monitor with Super-Sani wipe (per manufactures recommendations), dispose of wipe in garbage.
- 16) Gather supplies back into kit.
- 17) Assure area is clean
- 18) Remove kit from room/area; bring back to Nurses Station if done with blood sugar tests or repeat steps 1-18 for more tests.